

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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IS IMITATION THE SINCEREST FLATTERY?

The venerable Paul F. Eve, writing to the American Bi-Weekly, gives the following well-merited rebuke to those schools which to gain patronage imitate the names of established institutions:

"You yourself, Mr. Editor, are a professor in the Louisville Medical College; this name assumed, too, while the Medical Department of the University exists in your city. So again, the Medical Department of University of Louisiana, one of the oldest medical institutions in the United States, has for its rival the New Orleans Medical College. [We can't see the connection here.—ED. NEWS.] The Nashville Medical College, therefore, is only following these illustrious examples."

BEFORE the days of greenbacks and the national banks the country was flooded with wildcat money, and Kentucky had its share. At the head of the list of the good banks in the state was the Bank of Kentucky. Its notes, indeed, were frequently at a premium for gold. Among the wildcats was a "savings" institution of a town not wholly unconnected by a bridge with the chief city of Ohio; and many an unwary fellow was fooled into taking its issue—always much below par—by the manner in which the notes were printed; to-wit:

The Newport Savings

BANK OF KENTUCKY.

N. B.—This anecdote has no connection with the preceding paragraph.

and will come up before the Court of Common Pleas at its next session. It will be remembered that Sale, who was a student in the Hospital School of Medicine in this city, sued for a return of money which he had paid the Louisville Medical College, at which he had previously matriculated, upon the ground that the latter institution had no legal existence, and was generally bad. This is published simply as an item of news. It is a matter in which we have little interest, as we have succeeded before another bar—that of professional opinion—in condemning the former practices of the Louisville Medical College, and leading it into better paths. We are rather inclined to hope the suit may go by default; and more inclined to think that such will be the case, as the prosecutor, who is a resident of another state, is reported as not financially able to carry it further. Nevertheless, we would warn gentlemen of the medical press to take *cum a ton or so salis* the statement of the Louisville and Richmond Journal, which its editor is so assiduously circulating, concerning the reasons why the suit went against the school. *The secretary of the board of trustees was persecuted by nobody, unless by his associates, and WAS PRESENT AT THE TRIAL.* The question of legality of the Louisville Medical College is in a nutshell. Its charter declares that a majority of its board of trustees, nine in number, shall constitute a quorum to fill vacancies in the board and in the faculty. A row is kicked up in the institution (there are some tempers there), and the board, with the exception of two members, resign. These then proceed to fill the vacancies, and the resulting board to make a faculty. Such, at any rate, we

THE suit of "Sale vs. the Louisville Medical College," which was decided last spring in favor of the plaintiff, has been appealed,

understand is the charge to be brought forward at the trial. But heavens! our readers will bear us witness that the News did n't care any thing about the illegality of the school. This was a gentle charge to those we urged.

A good physician is wanted in a thriving town in Kansas. Such an one can enter immediately into a large and remunerative practice. A married man with a few years' experience would be preferred. We are requested to make this announcement by a practitioner of this city who is interested in the matter. We will hand him any communication which we may receive in reply.

Original.

SOME PRACTICAL HINTS UPON ALIMENTATION AND MEDICATION PER RECTUM.

BY W. T. CHANDLER, M. D.

He alone who is actively engaged in the treatment of acute diseases, who has often been defeated by the ordinary methods of medication and alimentation in sustaining the life confided to his care, can appreciate the value of any principle that offers a chance for success when otherwise failure would be inevitable.

While the use of both food and medicine by the rectum in cases of acute gastritis, gastric ulcer and other affections of the stomach, intrinsic or sympathetic, where functional rest of that viscus is demanded, or where these functions are rendered inoperative or deficient, has long since passed into the common stock of medical information, and is recognized to-day by all who pretend to practice our modern system of medicine; yet I am persuaded that the full extent of its value has never been appreciated *in toto* by the masses of our profession as it should have been.

That the gastric and intestinal juices are necessary for healthy physiological diges-

tion is a scientific fact that no one can dispute; and that healthy functional life in the tissues can not be perpetually maintained except through the assimilated pabulum of a physiological digestion is equally irrefutable. But that food will be absorbed by the rectal mucous membrane, and thus temporarily contribute to the sustenance of tissue-vitality and organic life is a truth confirmed by practical demonstrations. Clinical experience has abundantly attested this fact to the satisfaction of all.

Whenever from any cause it is impossible or inexpedient to administer food or medicine by the stomach—and especially the administration of the former, as medicine may often be administered hypodermically or endermically, if the exigencies of the case render it essential—we should never fail to take advantage of all the available resources of our art to foster the strength of our patients, though under embarrassing disadvantage, by giving suitable nourishment by the bowel. By this means we may oftentimes sustain life until the stomach is enabled to resume its functions either in whole or part, and thus often furnish vitality sufficient to bridge the patient over a critical period in his or her malady.

To illustrate this fact by a case in point: H., a healthy Irish girl, in the summer of 1874, took with suicidal intention about one ounce of stronger aqua ammonia. As a necessary result, violent inflammation of the mouth, fauces, oesophagus, and stomach ensued. It was with great pain that she could swallow at all, and when she did it was almost immediately ejected from the stomach with violent wretching. The nervous system seemed alarmingly prostrated, and death imminent from asthenia. Cloths wrung out of ice-water were applied to the epigastrium and over the oesophagus; small bits of ice were taken at intervals into the mouth and suffered to melt. No other article was taken by the stomach.

By the rectum milk, eggs, brandy, and quinine were administered in enemata four or five times during the twenty-four hours.

From ten to fifteen drops of laudanum were incorporated with each enema, which usually consisted of one egg and an ounce of fresh milk, with quinine, brandy, or tinct. opium, variously combined to suit the exigencies as they presented themselves in the treatment of the case. This, as already stated, was injected well into the bowel with a long-nozzled syringe. This plan of treatment was continued for twelve days, when the patient for the first time was allowed a little milk and lime-water by the stomach. Gradually the gastric mucous membrane recovered its function, and the patient made a good recovery.

But it is not alone in cases of acute gastritis that it may become necessary to administer aliment by the rectum. Sympathetic irritation, or rather passive hyperæmia, of the stomach-membrane, with persistent ejection of food, is quite a common complication of all the graver maladies marked by systemic toxæmia. How often in typhoid and other septic fevers do we find all our best efforts to sustain our patients frustrated by obstinate and persistent vomiting rendering it inexpedient and often impossible to administer food or medicine by the stomach.

About twelve months since I had a patient suffering from a low septic fever following a diphtheritic exudation upon the fauces, in which gastric irritation was a marked and persistent symptom, and was uninfluenced by the ordinary gastric sedatives—bismuth, cerium, hydrocyanic acid, or morphine. I was enabled to sustain this patient for over two weeks by milk, eggs, brandy, and quinine administered per rectum.

It is especially in such cases as the one just delineated—self-limited diseases; diseases that have a definite course to run, and invariably result in recovery, provided life can be sustained until the symptomatic changes have been completed and the *materies morbi* matured and exhausted—that it is of such infinite importance that we foster the available strength of our patients, that they may effectually resist the depressing effects of

the systemic poison upon the nerve-centers, and thus obviate a fatal asthenia before the period of self-limitation shall have been exhausted. This can only be done by supplying the wasting tissues with the proper aliment; and if the stomach refuses to comply with the demand of the system, we should not be slow to introduce nourishment per rectum.

Every practitioner must have met with cases of malarial fever marked by such continuous gastric irritation as to render it impossible to administer quinine in quantities adequate to the necessities of the case. In these cases quinine is often given hypodermically in the form of the citrate of quinia. It is in such cases, however, that suppositories containing ten to fifteen grains of quinine, with from one eighth to one sixth of a grain of morphine every three or four hours, will bring the most satisfactory results to the practitioner. Or the quinine may be given in enema mixed with a little water and a few drops of laudanum. In this manner I have often administered it with the happiest results, and by this means have produced cinchonism as speedily as when administered per os.

Sympathetic irritation of the stomach from uterine complications is a matter of daily occurrence, but it is seldom that it is so persistent as to render rectal medication imperative. Lately, however, I had a patient who aborted in the second month of gestation. Gastric irritation was so marked that neither food nor medicine could be retained upon the stomach, and only small bits of ice were occasionally retained without great nausea. The usual gastric sedatives failed to give even temporary relief. The patient's strength was fast failing for the want of food and from nervous irritation consequent upon insomnia and repeated efforts at vomiting.

In this case eggs, milk, quinine, and morphine were administered by the rectum for over three weeks, supplemented after the first week only by an occasional teaspoonful of milk and lime-water, to which was added after the second week a little weak wine and

a little orange-juice, which, on account of the extreme irritability of the stomach, could not be given continuously even in the very small quantities named. And although the patient weakened alarmingly in strength under treatment, yet life was preserved, the stomach slowly recovered its tone, and the patient is now in good health.

How long life can be sustained by active alimentation alone in the healthy individual, is not known. A professional friend of mine has notes of a case of carcinoma of the stomach, in which life was preserved for forty-two days exclusively by the rectum. Cases in which life has been preserved in organic disease of the oesophagus and stomach to a period much longer than this have been reported.

But it is especially in acute diseases, when a few days often decide the problem of life or death, that we may expect real advantages to accrue from a proper appreciation of this subject; but while this paper is not offered as something new, yet we think the intrinsic importance of the subject would justify even an extended dissertation upon it.

CAMPBELLSVILLE, KY.

Correspondence.

LETTER FROM LONDON.

To the Editors of the Louisville Medical News:

The immense size of London, and the large number of hospitals which it possesses, produce an *embarass des richesses* which it took me some time to overcome. I have now been here for the last three weeks, and have spent the most of my time in visiting the different institutions which interested me most, so as to arrange a certain routine, which I intend to follow in future.

In England it is almost a universal rule that the leaders in medicine should take an annual vacation, so as to recuperate after the exhausting work of the winter, and enable them to endure the strain that is to come. The session of the British Medical Associa-

tion, which took place last week, also attracted to it a large number of the leading men; so that London and the hospitals have been comparatively bereft of teachers since my arrival. Through the kindness of some medical friends, however, I have gained the *entrée* into two of the hospitals—namely, the London and St. George's—and have thus been able to see things with an exactness and thoroughness of detail which is not often accorded to visitors. This much I may say, that the average Englishman, with all his excellent qualities, is not very approachable, nor does he exert himself any too much to oblige a stranger.

The London Hospital, situate in one of the most densely-populated sections of the city, is the largest in London, containing eight hundred beds, divided into three divisions; the surgical, medical, and obstetrical. The first is in charge of Jonathan Hutchinson—one of the most remarkable men of the day—Revington, Waren Tay, and Adams, who are on duty from year's end to year's end; the appointments being for life or good behavior, and not subject to the caprices of managing boards or of committeemen. Mr. Waren Tay is now in charge of his own as well as Mr. Hutchinson's wards, and to his kindness am I indebted for the thorough inspection of the institution which I was able to make. The internal arrangement differs but little from that met with in American hospitals; but the exquisite cleanliness of the wards, as well as of the beds and bedding, might be imitated with advantage in some hospitals that I might mention, the lavish use of whitewash being most conspicuous.

I find that the antiseptic method of treating wounds is not much favored in the "London," and Mr. Tay tells me that their results from amputations, etc., will compare favorably with any other hospital in the country. The open treatment is rigorously followed, the parts kept well cleansed by streams of water projected upon them, and the wards deodorized by a free use of lime and chloralum. In the children's ward I

was struck with the large number of spinal and hip-joint cases met with there, and on inquiry I learned that Sayre's treatment of the former class, by means of the plaster jacket, had afforded very satisfactory results. More extended trials will be made hereafter.

This reminds me that a few days ago, when visiting Guy's Hospital, I was shown around by the medical superintendent, who in the course of conversation said, "By the way, do you know a certain fellow from New York named Dr. Sayre?" On my acknowledging the acquaintance, he said, "Well, he was here recently, and demonstrated a new method of treating diseases of the spine; but there's nothing new in it." I merely speak this to give you an idea how loth Englishmen are to acknowledge that there is some good come out of Nazareth (America).

The paper on *Contagium Vivum*, by Dr. Roberts, which he read at the recent meeting of the British Medical Association at Birmingham, has excited great attention, and bids fair to be pretty thoroughly discussed, *pro* and *contra*, in the journals. It is of particular interest at the present moment, in view of the experiments now being carried on by Messrs. Bastian and Pasteur before the French Academy.

A few days ago I met an old Viennese acquaintance, Dr. J. Milner Fothergill. He expressed his gratification at the reception which his works, "On the Diseases of the Heart" and "The Hand-book of Therapeutics," had met with in the United States, and told me that he would shortly publish a revised and enlarged edition of the former work. Dr. Fothergill, though comparatively a young man, already occupies a very enviable position, and bids fair in the near future to take a front rank in medicine.

RICHARD C. BRANDEIS,

LONDON, September, 1877.

To the Editors of the Louisville Medical News:

Mr. B., single, aged forty years, laborer, entered Sts. Mary and Elizabeth Hospital,

July 13, 1876, with an ulcer of the leg, and was discharged cured September 4, 1876. During his stay in hospital he had several attacks of diarrhea with abdominal pains, for which he would get a saline purgative followed by opium in some form. After leaving the hospital he did laboring work on the railroad, and I saw nothing more of him until June 23, 1877, when he was brought back. He was then greatly emaciated; had a copious diarrhea, with nausea and occasional vomiting; severe dull aching pain in epigastric region, which at times would become lancinating in its character; slight tenderness on pressure; tongue pale and coated; breath offensive; pulse 100, and feeble; temperature normal; complete loss of appetite; any thing taken into the stomach producing a sense of fullness, with increase of pain, nausea, and sometimes vomiting. He stated that until January last his health had been good, with the exception of colicky pains in the abdomen, which would trouble him occasionally; that in January they became more frequent and severe; and that in May his suffering was so severe as to incapacitate him for work, the pain becoming remittent in character; that it was limited almost entirely to the epigastric region, being sometimes felt between his shoulders and in his sides; that it was always worse at night and after eating; his bowels were never regular, being sometimes very loose and then greatly constipated; that his appetite had steadily decreased since January, and when he did take food it increased his suffering so greatly that he would frequently abstain from it on that account.

From the symptoms I expected to find cancer of the stomach; but upon careful and repeated examinations I was unable to detect any tumor. Had several physicians to see the case with me, and they, like myself, were unable to make a diagnosis. I therefore concluded to treat the symptoms and wait for developments. He was put upon spoon-food, liquid pepsin, astringents for diarrhea and opium for pain, with counter-irritation over the stomach. All symp-

toms improved, with the exception of the pain; for this he had to be kept under the influence of morphine.

In two weeks after admission his general condition was so improved that he was able to get about the ward and yard; but he was never entirely relieved of the pain, and at night was unable to sleep without morphine, sometimes taking a grain or more before experiencing relief. The night of the 20th of August he took half a grain of morphine, and got along well until about two o'clock A. M., when he took a second dose, then fell asleep, and at five A. M. was found dead.

At eleven o'clock same day a post-mortem was made. The body was still greatly emaciated, but not as much so as when admitted; surface very pale. On opening the abdomen the cavity was found filled with blood, which was discovered to have come from a rupture of an enormous aneurism of the abdominal aorta, situated in that portion of the artery behind the stomach, involving the origin of the cardiac. Other viscera, both abdominal and thoracic, healthy. No caries of the vertebra.

W. O. ROBERTS, M.D.

LOUISVILLE.

To the Editors of the Louisville Medical News:

On page 112 of No. 89 of the News you give a formula from Fothergill, which directs the administration of *at least ten minims* of hydrocyanic acid (dilute) three times a day!

MEDICUS.

[In the formula mentioned "aqua ad 3 viij" should have been "aqua ad 3 viij." The mistake occurs in Fothergill. We are obliged to our correspondent for the correction.—ED. NEWS.]

DR. ALEXEEF, of Moscow, has taken the temperature of the fetus in eight cases, and his observations confirm those of Vaster, that it is higher than the maternal vagina. Four of the cases were footlings, and the doctor managed to pass the thermometer into the child's rectum; the other four were face presentations, and it was passed into the mouth.

Miscellany.

MENTAL HYDROPHOBIA.—IS THERE SUCH A DISEASE?—Apart from the question of pure rabies, can we have the group of varied symptoms to which we have given the name of hydrophobia (from the prominent feature not always present) without the supposed essential cause—the bite of a rabid animal? From my own experience I must answer in the affirmative, though veterinary and medical authorities assert that rabies and tetanus can not be produced by mental disturbance, and the most powerful imagination could never enable a man to simulate the characteristic symptoms of either disease. These *dicta* are at issue with French authorities. Chomel recognized three kinds of hydrophobia: 1. Simple horror of liquids; 2. Symptomatic hydrophobia; 3. Rabiform hydrophobia or spontaneous rabies.—*Correspondence of Medical Press and Circular.*

AN EPIDEMIC OF LEAD-COLIC.—At the sitting of the Society of Public Medicine, Paris, July 26, 1877, Dr. Du Camp furnished a most interesting paper on sixty-five cases of lead-poisoning observed by himself in Paris. In the presence of such a large number of sufferers with the special symptoms of lead-poisoning, occurring in the same quarter, Dr. Du Camp directed his attention to the cause of this outbreak, taking into consideration the causes common to all his patients. He could not incriminate the wine nor the provisions; but a baker's family were also sufferers, and all the patients, with the exception of two, obtained their bread from this baker. These two, though they did not purchase their bread direct from this bakery, yet took their food at an eating-house supplied by it. The inquiry seemed thus limited, and the cause sought in the bakery in question. The town's water was used, but was free from all suspicion; so Dr. Du Camp directed his attention to another point, in consequence of a fact communicated to him by Professor Gubler.

Some years ago M. Gubler had noticed many cases of lead-poisoning at a pastry-cook's who employed old wood painted with white lead to heat his fires. After a laborious inquiry Dr. Du Camp found that the same cause operated in the present instance. The baker used old wood covered with white lead, and the fire set free oxide of lead.

Professor Carnot found lead in the bread. The manner in which the lead deposited on the bread gave rise to a very extraordinary fact. Among the patients was a lady and her maid; the maid having bad teeth, her mistress gave her the crumb, taking herself the crust. In consequence of this unequal distribution the maid escaped, while her mistress was poisoned.—*Medical Press and Circular.*

A GROWING NUISANCE.—The please-send-me-a-specimen-copy-of-your-valuable-journal man is plainly on the increase. He is becoming more frequent; in fact, he is without number and ubiquitous. In former days he hid his request—but never a stamp for return postage—in an envelop. Latterly he selects the curtly business “postal” card, thereby cheapening the cost to him a couple of coppers, and making an inclosure impossible. In all the years of our editorial life—and we trust our “sands have” not yet “run out” by a long shot—we have never seen the color of the send-me-a-specimen-copy man’s money. We are beginning to fear we never shall. Hope, indeed, has been so long deferred that it has fled our breasts entirely.

Musing, the other day, this please-send-me, etc., pest, this unknown but oft-recurring nuisance, rose to our mind’s eye as he cut the wrappers from the American Practitioner, the New York Medical Journal, and the St. Louis Medical Journal, all reaching him by the same mail. For “no pent-up Utica” puts a limit to the demands of this profitless patron. He longs to hear from the several sections of our broad realm. His vocabulary contains no North, no South, etc., but embraces the boundless continent. His love

of knowledge is so intense that it swallows up every other consideration, thought, principle. In another month he will draw on the Sunny South—very sunny just now—for his supplies. And then he is as impartial as he is insatiable. His cravings will demand in turn the Nashville, the New Orleans, and the Atlanta journals. An occasional quarterly is needed to sandwich any failure of the mails, and the swift-recurring weekly is, alas! doubtless taken in vast numbers as a “condiment,” as poor Artemus Ward used to say of mustard. But with all his gettings, this chronic abomination has never gotten his dues, which would be exposure. Who will see that he has them? We will. No more postals, O man without bowels! but inclose the fractional quarter, and then get your reading without filching from your betters.—*American Practitioner.*

THE CREDIT SIDE OF THE INSECT-ACCOUNT. Chemical and medical science has not succeeded in finding any vesicating agent that can perfectly replace Spanish flies. It may be added, in illustration of their extensive use and their commercial importance, that twelve tons of them have been shipped in a single year from the island of Sicily alone.

The cochineal insect is another of no slight industrial value, though the coal-tar colors in these latter days have largely superseded it as a dyestuff. It still, however, furnishes the pharmacist with coloring-matter for his tinctures.

Nutgalls afford another illustration of the uses of insects in the arts and in medicine. Enormous quantities are consumed in dyeing and the manufacture of inks. Gallic and pyrogallic acids are indispensable to the photographer. The annual yield of galls in Persia alone averages more than two thousand tons, and that of Turkey is about the same.

On our debt to the bee for honey and wax it is unnecessary to enlarge, and what we owe to the silk-worm is equally familiar. Silk, indeed, is one of those unique products

for which no adequate substitute has ever been found. It is also one for which the demand is constant from year to year and from century to century. Silk has been a popular fabric from ancient times, and is likely to remain independent of the caprices and mutations of fashion. The cast-off shroud of a worm will continue to be, as for ages it has been, the favorite material for the dress of women and for many purposes of household adornment.

Even the husbandman can allow something to be credited to these creatures which cause him so much labor and loss. Insects have many enemies among their own kindred, and the multiplication of some species is kept within proper limits by the hostility of others. The ichneumon flies, the lace-winged flies, and the lady-bugs are thus good friends to the farmer and the gardener. A wolf in a sheepfold would be comparatively less destructive than a lady-bug or the larva of a lace-winged fly among a colony of aphides or plant-lice. While such insects are directly beneficial, others that at first seem to be unmitigated pests may nevertheless be indirectly useful. Insects make up for their individual insignificance by the aggregate potency of numbers. Countless myriads of gnats, in such clouds as to appall the traveler, and numberless other tribes that also annoy us, may be useful as manure; for, as the researches of John Davy have shown, insects convert vegetable matters into nitrogenous compounds, and are thus so many laboratories of guano. Hence the marvelous prodigality of insect life and death in tropical forests may be one cause of the luxuriance of vegetation there. Even the worst of our domestic pests have a meaning as monitors of the necessity of a vigilant cleanliness and ventilation for our health and existence. One writer, indeed, has raised the curious question how far some great fevers and other plagues, centuries since, might have been indirectly prevented by the effect in this manner of certain species of bugs, had they then existed in such numbers as nowadays.—*Boston Journal of Chemistry.*

CREMATION OF DR. CHARLES F. WINSLOW. The following, from a gentleman who took an active part in the cremation of the body of the late Dr. Winslow, at Salt Lake City, on July 31st, contains many interesting details concerning this event not before published:

"Dr. Winslow always had a dread of being buried in the ground; perhaps not a dread, but he had seen many bodies that had suffered the slow decomposition and ravages of the worms, and the thought was disgusting to him. His heart was taken out and embalmed, placed in a jar, and is to be buried within the grave of his mother. As soon as his executor (and personal friend) reached here, it was decided to proceed with the cremation, but, before it was done, his children at the East intervened, and the operation was delayed. One of the sons came here, and, after reading the will and talking with his (the doctor's) friends, to whom the doctor had so often expressed his views in favor of 'cremation,' decided that it ought to be done, and wrote to the other children for their consent, which they finally granted. In the mean time the body had been embalmed, and kept continually packed in ice.

"Dr. Hamilton, who had charge of the 'cremation,' consulted me as to the means of doing it. They had talked of taking the body to one of the reverberatory furnaces, as they wanted it done quickly—in fact, before his children would know of it. I thought a furnace could be built quickly and cheaply that would answer the purpose, and designed one.

"Finally all was arranged on the 31st of July. The body, then weighing 126 pounds, was placed on a sheet of iron one eighth of an inch thick, turned up at the sides and end, and introduced into the furnace, which was at full-red heat, at 6:20 P. M. The dampers were opened, and the flame allowed to pass directly over the body. For some time quite a *boiling* took place, and lasted until most of the moisture had been driven off. In about an hour nearly all the flesh was consumed, and the heat was raised.

At the end of two and a half hours all action was at an end, but five minutes more was allowed, when the fires were drawn and air admitted to the furnace. In about half an hour the plate was drawn, and the bones gathered up. They were perfectly white and friable, so much so that they could be easily crushed in the hand. After this we rubbed the bones in an iron mortar, and passed them all through a flour-sieve, making in bulk about one quart, and in weight about four pounds. From the time the body was put into the furnace until the ashes were ready for the urn was four hours and forty minutes.

"From the construction of the furnace we had perfect control over the heat. I did not wish to have it too hot at the time of placing the body in it for fear of an excessive generation of gases, but I believe we would not have gained any thing by having the heat any more intense. From my observation I am convinced that the heat required is not so great as generally supposed; the action of the heat on the lime gives it the appearance of being intensely hot, but at the same time I noticed that the end of the plate where the flame turned was barely altered, just scored a little, as if it had approached nearly to the melting-point.

"The furnace did not cost \$100, and I suppose about 1,000 pounds of coal were consumed."—*Popular Science Monthly*.

A CORRESPONDENT of the Medical Record writes as follows concerning the way in which they manage "these things" in the town of Waterbury, Conn.: "There are no losses, however, as *all* the bills are paid, and there are no free patients. The poor of the town are admirably provided for, and I wish some such plan could be adopted in New York City. When a patient wishes to avail himself of the dispensary, he is obliged to apply to one of the "selectmen" for a recommendation. If the selectman is not satisfied as to the applicant's poverty, the application is *refused*. When, however, the case is genuine, the selectman gives the

patient a ticket of admission to the dispensary, and the *town* pays the doctor and buys the medicine; consequently Waterbury neither manufactures paupers nor starves its doctors. . . . The people seem not only grateful for what is done for them, but also anxious to settle their bills."

A YEAR or two ago Prof. Bolton, of Columbia College, had some combustible material in his laboratory set fire to by rays of light concentrated by a globular glass jar filled with water. A similar accident lately occurred in Paris, a number of cartridges being ignited by solar rays concentrated by an "eye" in a window-pane. A terrific explosion resulted. "Similar catastrophes," says Nature, "are more common than is generally supposed in summer, the windows of railway carriages igniting sometimes over-dried plants, or even leaves fallen on railway embankments. It is known that fires sometimes occur in Algerian forests through drops of water suspended to the leaves and forming lenses."—*Popular Science Monthly*.

Selections.

How to employ Massage.—After a few days of the milk-diet, with which my treatment ordinarily begins, the masseur or masseuse is set to work. An hour is chosen midway between two meals, and, the patient lying in bed, the manipulator starts at the feet, and gently but firmly pinches up the skin, rolling it lightly between his fingers, and going carefully over the whole foot, then the toes are bent and moved about in every direction, and next with the thumbs and fingers the little muscles of the foot are kneaded and pinched more largely, and the interosseous groups worked at with the finger-tips between the bones. At last the whole tissues of the foot are seized with both hands and somewhat firmly rolled about. Next the ankles are dealt with in like fashion, all the crevices between the articulating bones being sought out and kneaded, while the joint is put in every possible position. The leg is next treated, first by surface-pinching, and then by deeper grasping of the areolar tissue, and last by industrious and deeper pinching of the large muscular masses, which for this purpose are put in a position of the

utmost relaxation. The grasp of the muscles is momentary, and for the large muscles of the calf and thigh both hands act, the one contracting as the other loosens its grip. In treating the firm muscles in front of the leg, the fingers are made to roll the muscle under the cushions of the finger-tips. At brief intervals the manipulator seizes the limb in both hands and lightly runs the grasp upward, so as to favor the flow of venous blood-currents, and then returns to the kneading of the muscles.

The same process is carried on in every part of the body, and especial care is given to the muscles of the loins and spine, while usually the face is not touched. The belly is first treated by pinching the skin, then by deeply grasping and rolling the muscular walls in the hands, and at last the whole belly is kneaded with the heel of the hand in a succession of rapid, deep movements, passing around in the direction of the colon.

It depends very much on the strength, endurance, and practice of the manipulator how much good is done by these maneuvers. At first or for a few sittings they are to be very gentle, but by degrees they may be made more rough; and if the masseur be a good one, it is astonishing how much strength may be used without hurting the patient.

The early treatments should last half an hour, and should be increased by degrees to one hour, after which should follow an hour of absolute repose.

After the first few days I like the rubber to keep the part constantly lubricated with cocoa-oil, which is agreeable in odor, and which keeps well, even in warm weather, if a little lime-water be left standing on the top of it. Vaseline is also a good lubricant, and both of these agents make the skin smooth and soft and supple.

As soon as a part has been manipulated it should be at once wrapped up.

In men who are hairy it is often needful to have the limbs shaved, because the constant pull made on the hairs gives rise to very troublesome and painful boils. The early use of massage is apt in some nervous women to cause increased nervousness, and even loss of sleep; but these symptoms may safely be disregarded, because they pass away in a few days, and very soon the patient begins to find the massage delightfully soothing, and to complain when it is omitted. Women who have a sensitive abdominal surface or ovarian tenderness have, of course, to be handled with care, but in a few days a practiced rubber will by degrees intrude on the tender regions, and will end by kneading them with all desirable force. The same remarks apply to the spine when it is hurt by a touch, and it is very rare indeed to find persons whose irritable spots can not at last be rubbed and kneaded to their permanent profit.

The daily massage is kept up through at least six

weeks; and then, if every thing seems to me to be going along well, I direct the rubber to spend half of the hour in exercising the limbs as a preparation for walking. This is done after the Swedish plan, by making movements of flexion and extension, which the patient is taught to resist.

At the seventh week the treatment is used on alternate days, and is commonly laid aside when the patient gets up and begins to move about.—*From S. Weir Mitchell's Fat and Blood, and how to make them.*

The After-treatment in Operations for Stone in the Bladder.—The mere removal of a stone by any operation is often insufficient to cure the existing cystitis. Drainage of the bladder for six weeks or more after perineal cystotomy will generally so relieve great vesical irritability that the wound may be allowed to close; but then there is need of further treatment to complete the cure.

A large class of cases of calculous cystitis are curable by median lithotomy, and by perineal lithotomy, followed by vesical irrigations. There are many cases treated by lithotripsy in which the cystitis continues for a long period; and the opponents of the operation are too ready to attribute it to lithotripsy, losing sight of the fact that this inflammatory condition had existed long before the operation, which has often greatly mitigated and rendered it much more controllable.

One of the reasons for the continuance of this cystitis is neglect of after-treatment. The French often begin to treat the cystitis before operating, and continue the treatment after the operation until all traces of inflammation disappear. Stagnation of urine is of very common occurrence in calculous cystitis. Patients seldom completely empty the bladder before or after some of the operations for stone; and as long as there is stagnation, even only to a small fraction of an ounce, cystitis will continue, and in a few months may become obstinate, and even give rise to a phosphatic stone. Of late the English have adopted the French practice of constantly withdrawing the residual urine, and of beginning vesical irrigation immediately after lithotripsy.

Many of us in this country now make it a rule to instruct patients to draw off the last drop of residual urine twice daily, and to irrigate the bladder, and enjoin them to continue this practice until the urine is clear and passed at normal intervals, and tell them besides that to neglect this is to render themselves liable to the recurrence of stone. In some cases I find it necessary to irrigate the bladder with nitrate-of-silver solution (weak), and sometimes according to Guyon's plan, but in the majority tepid water or the borax solution will suffice. An interesting clinical fact, which is frequently overlooked in many

cases treated by lithotripsy, is the subsidence of the cystitis after the first sitting. Sometimes it is the reverse; but if the stone does not require for its complete destruction more than three sittings, at the end of the third sitting there is scarcely a trace of cystitis perceptible. Notwithstanding this I think it is well to use the catheter to empty and perhaps to irrigate the bladder.

One of the main points in after-treatment is to guard against the recurrence of stone. Whatever may have been the original cause should, if possible, be removed. If, for instance, the stone has been of diathetic origin, such hygienic rules and medical treatment should be prescribed as the case requires. The existing dyspepsia should be relieved, and the chylo-poietic viscera put as soon as possible into their normal condition. In addition to attention to diet, to the functions of the skin, to exercise, etc., I am in the habit of giving a few brisk cathartics, then to prescribe a laxative and alterative pill after the following formula:

R Resinae podophylli.....	} aa gr. v;
Ext. fl. ipecacua.....	
Ext. nux vomic. alch.....	
Hydrastinae.....	gr. xxx;
Leptandrinæ } aa gr. xx;
Ext. colchici acet.....	

M. et div. in pil. xx. S. One pill every night.

After the patient has taken forty or more of these pills, I order a small dose of Friederichshalle bitter water, or the Hunyadi Ianos, every morning, half an hour before breakfast, or the following:

Sodæ sulphatis.....	ʒ j;
Ammonii chloridi	ʒ ss.

S. To be dissolved in a pint of water. Dose, one tablespoonful in half a glass of water every morning half an hour before breakfast. This may be continued for several months. A grain of sulphate of iron may be added to each dose.—Dr. J. W. S. Gouley, in the *Medical Record*.

Freckles, and how to treat them.—Many remedial preparations of a more complicated character have been recommended, of which New Remedies gives the following:

R Zinci sulpho-carbol.....	2 parts;
Glycerine	25 "
Aq. rosæ	25 "
Spiritus vini rect.....	5 "

Dissolve and mix. The freckled skin is to be anointed with this twice daily, the ointment being allowed to stay on from one half to one hour, and then washed off with cold water. Anæmic persons should also take a mild ferruginous tonic. In the sunlight a dark veil should be worn.

A French journal recommends a collodion containing ten per cent of its weight of sulpho-carbolate of zinc, as giving excellent results. The solutions of corrosive sublimate and other mercurial salts, often used for the purpose, are more or less dangerous, and should be avoided. The following lotion, which contains only a minute proportion of mercury, is harmless and well recommended:

R Hydrarg. perchlor.....	gr. v;
Acid hydrochlor.....	gtt. xxx;
Sacch. alb.....	ʒ j;
Spt. vin. rect.....	ʒ ij;
Aqua rosæ	ʒ vij.

The following formula is also highly recommended:

R Sulpho-carbolate of zinc.....	1 part;
Collodion	45 parts;
Oil of lemon.....	1 part;
Absolute alcohol	5 parts.

The sulpho-carbolate of zinc should be reduced to an extremely fine powder, and should then be thoroughly incorporated with the fluid mixture.

Here is another, in which white mustard-seed and lemon-juice are the chief ingredients:

R Pulv. sinapis alb.....	ʒ iii;
Olei amygdal.....	ʒ ss.
Succi limonum, enough to make a thick paste.	

Mix. To be applied as an ointment.

It is also said that powdered niter moistened with water, and applied night and morning, will soon remove all traces of freckles. An old-fashioned household prescription is sour milk or buttermilk, which may sometimes answer the purpose.—*Boston Journal of Chemistry*.

Is the Fetus in Utero Affected by Medicine which is Given the Mother?—In the New York Obstetrical Society Dr. Mattison reported a case of puerperal convulsions. The patient was treated with morphia, and was under its influence for about two hours. The morphia was given subcutaneously; the amount was about one and a half grains. The child was born asphyxiated, and shortly after had some convulsions, but finally recovered. An interesting discussion followed the report of the case, the opinions of Zweig and Fehling being quoted. (Zweig had found chloroform, after it had been given for some hours to the mother, in the urine of a new-born child. Dr. Fehling's experiment was as follows: A guinea-pig which was about to bear young had injected into its external jugular vein of the left side a large amount of curare; it was kept alive for some hours by artificial respiration. The abdomen was then opened, and the young guinea-pigs were found in a lively condition, unaffected by the drug.) Dr.

Barker opened the discussion by saying that he did not agree with Dr. Mattison, but thought that convulsions in a fetus might take place due to opium poison. He cited cases in animals where opium poisoning was followed by convulsions, and said that in those savage races in which the brain is less developed than in the rest of mankind convulsions do occur after toxic doses of opium. The possibility of a poison passing from the blood of the mother to that of the fetus is shown in cases of scarlatina, variola, and syphilis. That medicine does not pass from mother to fetus, the frequent unsuccessful or negative results of antisyphilitic treatment spoke very strongly. He mentioned a case of a syphilitic child born from a mother free from the disease, which had been latent in the father for a long time. At the next pregnancy he had the woman for six months under the mercurial cure, and, nevertheless, five days after the birth the child began to develop well-marked syphilitic symptoms. But what spoke strongest against the passage of drugs from the mother to the child was the effect of anaesthetics. Dr. Barker said that during the last twenty-five years he had administered chloroform over one thousand times, and had never seen a case where the death of the child could be attributed to chloroform; that he had kept women from eight to twelve hours under the influence, and in one case had given three and a half pounds. He thought that opium acted nearly in the same way. Formerly he had been very careful in giving opium to a pregnant woman, but after his experience in the following case he had always given it without fear. The case was one of puerperal convulsions; the fetus was thought dead, and morphia was used very freely. The patient was a long time under the influence of the drug, when a living child was born. In conclusion, he said that he considered that the fetus in utero was not affected by medicine, and more especially narcotics, when administered to the mother.

—S. Howe, M. D., in *Boston Medical Journal*.

To take Rust out of Steel.—Place the article in a bowl containing kerosene oil, or wrap the steel up in a soft cloth well saturated with kerosene; let it remain twenty-four hours, or longer; then scour the rusty spots with brick dust. If badly rusted, use salt wet with hot vinegar; after scouring, rinse every particle of brick dust or salt off with boiling water; dry thoroughly; then polish off with a clean flannel cloth and a little sweet oil.—*Scientific American*.

Treatment of Vesico-vaginal Fistula.—Boulay, following the advice of Verneuil, employs the galvanic cautery in place of the bistoury to refresh the surfaces of the fistulous opening. He relates sixteen operations with very exact details, and mentions that

Lungi has also employed this means with great success. The advantages which he claims for this method are, the absence of bleeding, and the great facility it affords for placing the ligatures; he alleges, also, the diminution of the risk of purulent infection, erysipelas, and peritonitis. He adduces statistics in support of his assertion of the harmlessness of the method. The only inconvenience is the multiplicity of the operative sittings; but this is, he considers, compensated by the rapidity and their facility.—*London Medical Record*.

Autumnal Diarrhea.—The season is approaching during which the common autumnal or summer diarrhea is one of the most common complaints for which the physician has to prescribe. As most physicians are aware that a vast amount of it is caused and kept in action by an acid state of the stomach and indigestion, and that laxatives and antacids will generally control it, I present the simple and inexpensive form which I have employed for the last five years with entire success. It will sometimes, though rarely, be necessary to employ a little hydrarg. cum creta or quinine in connection with it.

R. Pulv. rhei		} $\text{æ gr. xl};$
Magnesiaæ		
Sodii bicarb.....		
Sacchari alb.....	$\frac{3}{2}$ ij;	
Ol. anisi.....	glt. xl;	
Aquaæ.....	fl. $\frac{3}{2}$ viii;	
Tinct. opii camph.....	fl. $\frac{3}{2}$ ss.	

Drop the oil of anise on the sugar in a mortar, add the powders, and mix gradually; add the water, pour all into a bottle, and add the paregoric. Shake well before using.

Dose for infant, one half teaspoonful; one to two years old, one teaspoonful; two to ten years old, two teaspoonsfuls; adults, one or two tablespoonfuls, from three to six hours apart. If it should be necessary to use an astringent, as dry chalk,

R. Crete prep.....	$\frac{3}{2}$ j;
Pulv. kino	$\frac{3}{2}$ j. M.

may be prescribed in doses sufficient to produce the desired effect.

This will be all that will be required in most cases of our fall diarrheas, especially among children, and it has the advantage of being easily prepared and pleasant to take.—Dr. W. McWilliams, in *Ohio Med. Recorder*.

Hemorrhage from Bones.—Riedinger (Centrabl. f. Chirurg.) has employed, with success, catgut, with a number of threads of which he fills up the vascular canal. The bleeding stops at once, and the catgut, becoming absorbed, does not prevent union by the first intention.